

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 07/117447	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.				DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17		2		1		67			
18		3		1		68			
19		3		1		69			
20		3		1		70			
21		3		1		71			
22		3		1		72			
23		3		1		73			
24		3		1		74			
25		3		1		75			
26		3		1		76			
27		3		1		77			
28		3		1		78			
29		3		1		79			
30		3		1		80			
31		3		1		81			
32		3		1		82			
33		3		1		83			
34		3		1		84			
35		3		1		85			
36		3		1		86			
37		3		1		87			
38		3		1		88			
39		3		1		89			
40		3		1		90			
41		3		1		91			
42		3		1		92			
43		3		1		93			
44		3		1		94			
45		3		1		95			
46		3		1		96			
47		3		1		97			
48		3		1		98			
49		3		1		99			
50		3		1		100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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